Ø001

AUG 0 7 2005

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for truesmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed w

	ENCE ADDRESS (Note: Use Blo	A I for any change of sideress)			of mailing can only be used. This certificate cannot be used	TOT SHY Other personne
31688	7590 07/25/2	OS RECE	11.0-	papers, each achtic	nill dader. Slich his ein sisioner	acid or lormal drawing
TRAN & ASS		Olpe	IVED		ate of mailing or transmission	
6768 MEADOV		-11 2	IAP	I haveler more for that	ertificate of Mailing or Trun	ismission
SAN JOSE, CA		Allo a		States Postal Service	with sufficient postage for fi	itst class mail in :n enve itst class mail in :n enve
2005 CNGUYEN1 000		AUG 0 2	9 2005	transmitted to the M	this Fee(s) Transmittal is being with sufficient postage for final Stop ISSUE FEE address PTO (571) 273-2885, on the	s above, or being face date indicated below.
2501 700.00						(Depositors a
1504 300.00						(Sign
APPLICATION NO.	FILING DATE	FI	RST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
10/662,862	09/15/2003		Makoto Ng	enshima	GSN001	2141
TITLE OF INVENTION	: BACĶ-BIAŞED FACE	TARGET SPUTTERING				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional YES		· · · · · · · · · · · · · · · · · · ·	\$300	\$1000	10/25/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	٦	
versteeg, steven h		1753		204-192120	~	
Change of correspondences form PTO/SE	mes address or indication of indence address (or Change /122) attached. cation (or "Fee Address" I Z or more recent) attached	e of Correspondence	(1) the name or agents Of (2) the name registered at	ng on the patent front page, as of up to 3 registered pate. R. alternatively, to of a single firm (having as storney or agent) and the nat patent attorneys or agents. I me will be printed.	a member a 2	& Associat
Change of corresponded Address form PTO/SE "Fee Address" indi PTO/SE/47; Rev (3-0) Number is required. 3. ASSIGNEE NAME AI	ondence address (or Change/122) attached. cation (or "Fee Address" I or more recent) attached. ND RESIDENCE DATA 1	ndication form L'Use of a Customer O BE PRINTED ON THe	(1) the mane or agents Of (2) the mane registered at 2 registered listed, no nare E PATENT (to will appear substitute for	es of up to 3 registered pate. R. alternatively, c of a single firm (having as storney or agent) and the narpatent attorneys or agents. I me will be printed. print or type) ur on the patent. If an assignment,	a member a 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Change of correspond Address form PTO/SE Address form PTO/SE PTO/SE PTO/SE/47; Rev (13-0) Number is required. 3. ASSIGNEE NAME AI PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (B) PLEASE NOTE: Unle recordation as set forth (B) NAME OF ASSIGNATION (endence address (or Change/122) attached. cation (or "Fee Address" It or more recent) attached. ND RESIDENCE DATA To the un assigned is identification 37 CFR 3.11. Complete	ndication form LUSC of a Customer O BE PRINTED ON THe od below, no assignce day tion of this form is NOT a	(1) the mane or agents Of (2) the mane registered at 2 registered listed, no nate E PATENT (2) the will appear substitute for RESIDENCE	es of up to 3 registered pate R. alternatively, c of a single firm (having as storney or agent) and the na- patent attorneys or agents. I me will be printed. print or type) or on the patent. If an assign or filing an assignment. c (CITY and STATE OR CO	a member a 2 2 3 1	& Associat
Change of correspondences form PTO/SE Address form PTO/SE "Fee Address" indip PTO/SE/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME AI PLEASE NOTE: Universed for the coordation as set for the coordation as set for the coordation of the coo	ondence address (or Change /122) attached. cation (or "Fee Address" I or more recent) attached ND RESIDENCE DATA 1 sts un assignee is identified in 37 CFR 3.11. Completing 10 CFR 3.11.	re of Correspondence Indication form L'Use of a Customer TO BE PRINTED ON THe ad below, no assignee day tion of this form is NOT a	(1) the mane or agents Of (2) the mane registered at 2 registered at listed, no nate that will appear substitute for EESIDENCE	es of up to 3 registered pate R. alternatively, c of a single firm (having as storney or agent) and the nar patent attorneys or agents. I me will be printed. [print or type] Ir on the patent. If an assign or filing an assignment. c (CITY and STATE OR CO	a member a 2	locument has been filed
Change of correspondences form PTO/SE Address form PTO/SE Address form PTO/SE Address form PTO/SE Address form PTO/SE PTO/SE/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME AI PLEASE NOTE: Unkercoordation as set forth (A) NAME OF ASSIGNAME AI Change of correspondences (A) NAME OF ASSIGNAME AI Please check the appropriate. 4a. The following fee(s) a	endence address (or Change/122) attached. cation (or "Fee Address" I or more recent) attached. ND RESIDENCE DATA To sta un assignee is identified in 37 CFR 3.11. Completing the completion of	re of Correspondence Indication form L'Use of a Customer TO BE PRINTED ON THe ad below, no assignee date tion of this form is NOT a (B) I	(1) the mane or agents Of (2) the mane registered at 2 registered at 2 registered isted, no nate PATENT (to will appear substitute for EESIDENCE:	es of up to 3 registered pate R. alternatively, c of a single firm (having as storney or agent) and the ma- patent attorneys or agents. I me will be printed. [print or type] ar on the patent. If an assign or filing an assignment. c (CITY and STATE OR CO t , Californi ent): [Individual]	a member a 2 2 3 1	locument has been filed
Change of correspondences form PTO/SE Address form PTO/SE "Fee Address" indip PTO/SE/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME AI PLEASE NOTE: Universed for the coordation as set for the coordation as set for the coordation of the coo	endence address (or Change/122) attached. cation (or "Fee Address" I or more recent) attached. ND RESIDENCE DATA To sta un assignee is identified in 37 CFR 3.11. Completing the completion of	c of Correspondence indication form Lusc of a Customer O BE PRINTED ON THe od below, no assignce data tion of this form is NOT a (B) I	(1) the mane or agents Of (2) the mane registered at 2 registered at listed, no nau E PATENT (to will appear substitute for EESIDENCE CESIDENCE ayment of February 1997.	es of up to 3 registered pate R. alternatively, c of a single firm (having as storney or agent) and the ma- patent attorneys or agents. I me will be printed. [print or type] by on the patent. If an assignment, c (CITY and STATE OR CO t, Californi ent): [Individual] [50] [50] [50]	a member a nes of up to f no name is UNTRY) Corporation or other private green	locument has been filed
Change of corresponded Address form PTO/SE Address form PTO/SE PTO/SE Address in indip PTO/SE/47; Rev (13-0) Number is required. 3. ASSIGNEE NAME AT PLEASE NOTE: Under coordation as set forth (A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (B) Please check the appropriate. The following fee(s) at Easur Fee	endence address (or Change/122) attached. cation (or "Fee Address" I or more recent) attached. ND RESIDENCE DATA To the assigned is identified in 37 CFR 3.11. Complete NEE	c of Correspondence indication form Lusc of a Customer O BE PRINTED ON THe designer day ion of this form is NOT a (B) If tegories (will not be printed to P	(1) the mane or agents Of (2) the mane registered at 2 registered listed, no nate that will appear substitute for EESIDENCE ayment of Fe A check in	es of up to 3 registered pate R. alternatively, c of a single firm (having as storney or agent) and the na- patent attorneys or agents. I me will be printed. print or type) or on the patent. If an assign of filing an assignment. c (CITY and STATE OR CO t. Californi ent): Individual Co cc(s):	a member a a member a nes of up to f no name is a mee is identified below, the d UNTRY) a corporation or other private greatelesed.	locument has been filed
Change of corresponded Address form PTO/SE Address form PTO/SE PTO/SE Address in indip PTO/SE/47; Rev (13-0) Number is required. 3. ASSIGNEE NAME AT PLEASE NOTE: Under coordation as set forth (A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (B) Please check the appropriate. The following fee(s) at Easur Fee	endence address (or Change /122) attached. cation (or "Fee Address" I or more recent) attached. ND RESIDENCE DATA To the un assigned is identified in 37 CFR 3.11. Complete NEE Licon Net Cate assigned category or cate assigned category or category or category attached.	c of Correspondence indication form L'Use of a Customer O BE PRINTED ON THe od below, no assignce day tion of this form is NOT a (B) If tegories (will not be printed)	(1) the mane or agents Of (2) the mane registered at 2 registered listed, no nate that will appear substitute for ESIDENCE ayment of Fe A check in Payment by The Direct	es of up to 3 registered pate R. alternatively, c of a single firm (having as storney or agent) and the nar patent attorneys or agents. I me will be printed. [print or type] If on the patent. If an assign of filing an assignment. c (CITY and STATE OR CO c (S): the amount of the fee(s) is en c credit card. Form PTO-203	a member a not of up to f no name is Mee is identified below, the d UNTRY) Corporation or other private green actions of the control of	ocument has been filed
Change of corresponded Address form PTO/SE Address indi PTO/SE/47; Rev (3-0) Number is required. 3. ASSIGNEE NAME AI PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIG Global Si Please check the appropriate 4a. The following fee(a) a Si Issue Fee Advance Order - # 5. Change in Entity State 5. Change in Entity State	endence address (or Change /122) attached. cation (or "Fee Address" I or more recent) attached. ND RESIDENCE DATA To the un assigned is identified in 37 CFR 3.11. Complete in 37 CFR 3.11. Complete in a category or catego	cof Correspondence indication form Use of a Customer O BE PRINTED ON THe od below, no assignce data tion of this form is NOT a (B) If tegories (will not be printed to the	(1) the mane or agents Of (2) the mane registered at 2 registered at 2 registered at 2 registered isted, no nate that will appear substitute for EESIDENCE: A check in Payment by The Director apposit Accounts.	es of up to 3 registered pate R. alternatively, c of a single firm (having as storney or agent) and the ma- patent attorneys or agents. I me will be printed. [print or type] Ir on the patent. If an assign or filing an assignment. c (CITY and STATE OR CO t. Californi ent): Individual (Co ce(s): the amount of the fee(s) is en or is hereby authorized by ont Number ————————————————————————————————————	a member a a member a the of up to fine name is UNTRY) Corporation or other private greaters and the required fee(s), or (enclose an extra content of the content of the required fee(s), or (enclose an extra content of the content of the required fee(s), or (enclose an extra content of the content of the required fee(s), or (enclose an extra content of the content of the required fee(s), or (enclose an extra content of the content o	oup entity Government opy of this form).
Change of corresponded Address form PTO/SE Address indi PTO/SE/47; Rev (3-0) Number is required. 3. ASSIGNEE NAME AI PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIG Global Si Please check the appropriate. The following fee(s) at Advance Order - # 5. Change in Entity State a Applicant claims	endence address (or Change /122) attached. cation (or "Fee Address" It or more recent) attached. ND RESIDENCE DATA To see un assignee is identified in 37 CFR 3.11. Complete in 37 CFR 3.11. Complete in a category or categ	cof Correspondence indication form Use of a Customer O BE PRINTED ON THe designer day ion of this form is NOT a (B) If tegories (will not be printed) Finitted) See 37 CFR 1.27.	(1) the mane or agents Of (2) the mane registered at 2 registered at 2 registered at listed, no nau EPATENT (the will appear substitute for EESIDENCE ayment of Fe A check in Payment by Payment by Directe sposit Accounts.	es of up to 3 registered pate R. alternatively, c of a single firm (having as storney or agent) and the ma- patent attorneys or agents. I me will be printed. print or type) or on the patent. If an assignment, c (CITY and STATE OR CO t. Californi ent): Individual Co ce(s): the amount of the fee(s) is ent or is hereby authorized by ont Number	a member a nes of up to f no name is UNTRY) Corporation or other private greated tharge the required fee(s), or (enclose an extra control of the control	ocument has been filed outpertity Government opy of this form).
Change of corresponded Address form PTO/SE Address indi PTO/SE/47; Rev (3-0) Number is required. 3. ASSIGNEE NAME AI PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIG Global Si Please check the appropriate. The following fee(s) at Advance Order - # 5. Change in Entity State a Applicant claims	endence address (or Change /122) attached. cation (or "Fee Address" It or more recent) attached. ND RESIDENCE DATA To see un assignee is identified in 37 CFR 3.11. Complete in 37 CFR 3.11. Complete in a category or categ	cof Correspondence indication form Use of a Customer O BE PRINTED ON THe designer day ion of this form is NOT a (B) If tegories (will not be printed) Finitted) See 37 CFR 1.27.	(1) the mane or agents Of (2) the mane registered at 2 registered at 2 registered at listed, no nau EPATENT (the will appear substitute for EESIDENCE ayment of Fe A check in Payment by Payment by Directe sposit Accounts.	es of up to 3 registered pate R. alternatively, c of a single firm (having as storney or agent) and the ma- patent attorneys or agents. I me will be printed. print or type) or on the patent. If an assignment, c (CITY and STATE OR CO t. Californi ent): Individual Co ce(s): the amount of the fee(s) is ent or is hereby authorized by ont Number	a member a a member a the of up to fine name is UNTRY) Corporation or other private greaters and the required fee(s), or (enclose an extra content of the content of the required fee(s), or (enclose an extra content of the content of the required fee(s), or (enclose an extra content of the content of the required fee(s), or (enclose an extra content of the content of the required fee(s), or (enclose an extra content of the content o	oument has been filed outpertity Government opy of this form).
Change of corresponded Address form PTO/SE Address in indi PTO/SE/47; Rev (i3-0) Number is required. 3. ASSIGNEE NAME AI PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG G1 Obal Si Please check the appropriate. The following fee(s) a Element in Entity State Advance Order - # Change in Entity State Advance Order - # Change in Entity State A Applicant claims The Director of the USPTO NOTE: The Issue Fee and interest as shown by the re	endence address (or Change /122) attached. cation (or "Fee Address" It or more recent) attached. ND RESIDENCE DATA To see un assignee is identified in 37 CFR 3.11. Complete in 37 CFR 3.11. Complete in a category or categ	dication form Use of a Customer O BE PRINTED ON THe debelow, no assignee date in of this form is NOT at the degories (will not be printed) To be 37 CFR 1.27. Issue Foe and Publication of will not be accepted for Patent and Trademark Of the degories of	(1) the mane or agents Of (2) the mane registered at 2 registered at 2 registered at listed, no nau EPATENT (the will appear substitute for EESIDENCE ayment of Fe A check in Payment by Payment by Directe sposit Accounts.	es of up to 3 registered pate R. alternatively, c of a single firm (having as storney or agent) and the ma- patent attorneys or agents. I me will be printed. [print or type] Ir on the patent. If an assign or filing an assignment. c (CITY and STATE OR CO t, Callforni ent): Individual (Co ce(s): the amount of the fee(s) is en credit card. Form PTO-203 or is hereby authorized by on the Number ————————————————————————————————————	a member a nes of up to f no name is UNTRY) Corporation or other private greated attached tharge the required fee(s), or (circlose an extra colored attached attac	ocument has been filed outpertity Government opy of this form).

ES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE